

**ARKANSAS STATE TREASURY
DESIGNATION OF AUTHORIZED REPRESENTATIVES**

WHEREAS, _____ is a [national] [state chartered] banking association
(Bank Name)

with its principal office at _____, _____, _____; and
(Address) (City) (State) (Zip Code)

WHEREAS, _____ wishes to serve as a designated depository for Arkansas
(Bank Name)
State Treasury funds; and

NOW, THEREFORE, as authorized by Certificate of Corporate Resolutions as a part of the Security Agreement for Funds Held in Deposit between the Treasurer of the State of Arkansas and

_____, I, _____, hereby designate the
(Bank Name)
representatives listed below or attached as duly authorized to transact business with the Treasurer of the State of Arkansas.

NAME: _____

TITLE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

BY:

Signature

Title

Date

ATTEST:

